

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Amg		10/19/00
O.I.P.E. CLASSIFIER	AGS	901	11/15/00
FORMALITY REVIEW	MTR	523	04/19/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	N	Date
1	✓	10/19/00
2	✓	✓
3	✓	✓
4	✓	✓
5	0	0
6	✓	✓
7	✓	✓
8	0	0
9	0	0
10	0	0
11	0	0
12	0	0
13	0	0
14	0	0
15	0	0
16	0	0
17	0	0
18	0	0
19	0	0
20	✓	✓
21	✓	✓
22	✓	✓
23	✓	✓
24	✓	✓
25	✓	✓
26	✓	✓
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If more than 150 claims or 10 actions  
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